



SCHOOL HEALTH PROGRAMS

SUCCESS STORIES FROM THE FIELD

2010

Mississippi: Using Coordinated School Health Programs to Make Kids Healthy

In recent years, high obesity rates in Mississippi have brought the state unwanted recognition as the nation's "fattest state." Results from the 2007 Youth Risk Behavior Survey showed that 18% of high school students in Mississippi were obese, 81% ate fruits and vegetables fewer than 5 times per day, and 64% did not meet the recommended levels of daily physical activity.

To address these health challenges, officials from the Mississippi Department of Education (MDE) sought help from CDC in 2003 to start a coordinated school health (CSH) program. CDC provided MDE with technical assistance to implement the CSH model. It also supplied resources, such as CDC's School Health Index assessment tool and school health guidelines, to improve nutrition and increase physical activity among students in Mississippi.

In 2003, MDE received funding from The Bower Foundation to support the development of CSH initiatives and to hire a director for its newly created Office of Healthy Schools. In 2008, CDC provided MDE with funding to continue developing its healthy schools program, which has accomplished the following:

- 20 school districts received funding to establish school health councils and coordinators, improve health instruction, and nurture school and community support for CSH, reaching more than 96,000 students.
- 65 school districts replaced deep-fat fryers with combination oven-steamers, decreasing the amount of high-calorie, high-fat foods served in schools.
- Child nutrition staff in 80 schools received equipment and training to make fruits and vegetables more appealing to students.

- 61 schools received new physical education equipment and trained staff to assess student fitness twice a year, benefiting more than 33,000 students.

Mississippi is now a national leader in implementing the CSH approach and has substantially improved the nutrition environment in its schools. According to CDC's 2008 School Health Profiles survey, in just 2 years Mississippi reduced the percentage of secondary schools that allowed students to purchase soda or fruit drinks (other than 100% juice) from 78% in 2006 to 25% in 2008—the largest percentage reduction among states participating in the survey.

Albuquerque Public Schools: Helping Students with Asthma

Asthma is a leading cause of school absence, and it disproportionately affects minorities and young people from lower socioeconomic backgrounds. In Albuquerque, New Mexico, 21% of children live below the poverty line, and many do not receive regular health care. Approximately 9,100 of the 90,000 students in the Albuquerque Public Schools (APS) have asthma. Many of the families of these children cannot afford asthma medication.

Since 2003, APS has used CDC funding and guidance to set up the APS Asthma Program and to make the city's schools more "asthma friendly." The goal of the APS Asthma Program is to increase students' access to health care, ensure that every student has a designated primary care provider, help students obtain much-needed medications, and improve students' ability to manage their asthma effectively. The program has accomplished the following:

- The proportion of APS elementary students with asthma who reported having a primary care provider increased from 74% during the 2004-2005 school year to 95% during the 2007-2008 school year.





- As a result of the APS Asthma Program's efforts, the New Mexico legislature passed a law in 2005 that allows students with asthma or allergies to carry quick-relief medication at school in case of an attack. Previously, such medications were kept by school nurses or administrators in designated areas.
- Through the program's community advisory board—which includes asthma educators, health care providers, and representatives from managed care organizations, the American Lung Association, and pharmaceutical companies—APS was awarded 300 vouchers for free, specialized inhalers. School nurses distributed the vouchers to students who did not have health insurance or prescription drug benefits or who needed financial assistance.
- From 2003 to 2008, more than 1,300 APS elementary students with moderate to severe asthma participated in a 6-session course called Open Airways. For 5 consecutive years, students who participated in the course showed statistically significant improvements in their ability to take asthma medicine appropriately, respond to asthma episodes, recognize asthma triggers, judge the severity of asthma episodes, and talk to their teachers about asthma and removing asthma triggers from the classroom.

The number of elementary schools reached by the APS Asthma Program has increased over time, from 20 in 2003 to 88 in 2008. The number of students with individual health care plans, medication orders, and asthma action plans also has increased, and according to APS school nurses, students also are experiencing better overall management of their condition.

Arizona: Pilot Program Leads to New Statewide Physical Education Standards

The 2007 Youth Risk Behavior Survey indicated that 12% of high school students in Arizona were obese, 68% did not get the recommended amount of physical activity, and 73% did not attend physical education (PE) classes daily.

Before 2009, Arizona was one of the few states with PE standards that were not consistent with national standards. Unlike most states, Arizona had no requirement for PE as a stand-alone content area, and the state did not allocate funding for PE.

In 2005, efforts to pass legislation requiring Arizona schools to follow national PE standards failed when opponents of the bill cited a lack of local data to support the importance of PE for Arizona students.

In 2006, the Arizona legislature mandated a Physical Education Pilot Program to collect data on the effectiveness of PE. During the 2007-2008 school year, four elementary schools participated in the program. The schools were required to implement PE strategies that were aligned with CDC guidance. These strategies included 150 minutes of PE per week, with at least 50% of students' time spent in moderate or vigorous physical activity and at least one certified PE teacher for every 500 students.

The pilot program was evaluated by a physical activity, nutrition, and tobacco (PANT) coordinator funded by CDC's Division of Adolescent and School Health and an external team from Arizona State University. The evaluation included a survey assessment of barriers to physical activity and the use of pedometers and observation to measure the physical activity patterns of students.

The evaluation showed the following:

- Physical activity levels increased by 17% during the school day and 6% outside school.
- Perceived barriers to being physically active decreased by 8%.
- School absences decreased by 13%.
- Standardized test scores remained stable, even with more time spent in PE during the school day.

PANT coordinators promoted the program's successes to legislators and education leaders, and in 2009, the Arizona legislature authorized the revision of the state's PE standards for the first time since 1997. The revised standards are now aligned with national standards and will substantially improve the quality of PE for Arizona students. By the beginning of the 2010-2011 school year, all schools in Arizona will be required to have a standards-based PE program, and CDC funding will be used to train teachers across the state to facilitate this change.